

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097202791 FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	(1)						54					
5	(1)						55					
6	(1)						56					
7	(1)						57					
8	(1) /						58					
9	1(1)						59					
10	(1) /						60					
11	1(1)						61					
12	(1) /						62					
13	1(1)						63					
14	(1) /						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
19	(1)						69					
20	(1)						70					
21	(1)						71					
22	(1)						72					
23	(1) (1)						73					
24	(1) (1)						74					
25	(1) /						75					
26	1(1)						76					
27	(1) /						77					
28	1(1)						78					
29	(1) /						79					
30	/						80					
31	/						81					
32	/						82					
33	/						83					
34	(1)						84					
35	(1)						85					
36	(1)						86					
37	(1)						87					
38	1(1)						88					
39	(1) (1)						89					
40	1(1)						90					
41	(1) /						91					
42	1(1)						92					
43	(1) /						93					
44	1(1)						94					
45	/						95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	39	↔		↔		↔	TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS	43						TOTAL CLAIMS					